

OJD PUBLIC RECORDS REQUEST

[please print or type, except for your signature]

Date: _____

Requestor's Contact Information

Name:

Signature _____

Address:

Weekday telephone number(s):

Email address:

To the Public Records Administrator at [check one]

Oregon Supreme Court Oregon Court of Appeals Oregon Tax Court

Office of the State Court Administrator

_____ County Circuit Court (fill in the name of the county)

I want to [check one] inspect get a copy of inspect and get a copy of the following Judicial Department record(s) [this information helps us identify the specific records you want]:

Type of Record(s):

Subject Matter:

Approximate date(s) the Judicial Department created or received the record(s):

People named in the record(s) or who created or received the record(s):

Additional information to help the Judicial Department identify the records I want:

Number of copies [if you want more copies of some records than others, list the number of copies you want for each record requested]:

Please certify copies of the following record(s):

NC:sh/07eNC003sh
12/14/07